



UNC
HEALTH CARE

well



100 years of sickle cell disease awareness
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Setting the record straight on nutrition and cancer **PAGE 13**

LEADING. TEACHING. CARING. | FALL 2010

A Man Without A PULSE

An extraordinary device saved Brian Ainsley's life until he could have transplant surgery

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GET YOUR TICKETS NOW

**COUNTRY MUSIC ARTISTS
TO PERFORM BENEFIT
CONCERT FOR N.C.
CHILDREN'S HOSPITAL**

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PERSPECTIVES

Making a Change with You in Mind

Welcome to the premier issue of *Well*! We know many of you have read our newspaper publication, *Health Scene*, for a long time, but after almost 18 years we thought it was time for a change. *Well* will contain all the health information and UNC Health Care expertise you have come to expect, as well as a few new features we think you will enjoy. Be sure to take a look at our Web page to see some of the interactive features we have added. Visit www.unchealthcare.org and click "Well Magazine."



In Print and Online
Be sure to take a look at our Web page to see some of the interactive features we have added.

From our recent reader survey, we know that you have asked for more articles about UNC Health Care patients. The cover feature on page 8 takes a look at Brian Ainsley, whose heart was failing after he had three heart attacks before age 50. This is Brian's story of more than two years of challenges and triumphs and how he's doing today, about a year after his final surgery.

Also in this issue you will read about the UNC Diabetes Center, which has been instrumental in the advancement of diabetes management on a national level. Diabetes affects an estimated one in five people in the U.S. and is a growing problem across the country. The medical staff at UNC

Health Care takes a unique approach to diabetes management, which leads to better results. Read more about the Diabetes Center on page 6.

There are many other great articles and resources to help keep your family healthy. Please enjoy this first issue, and look for future issues, which will be published each quarter.

Kind regards,
Well editorial team
UNC Health Care

We Want to Hear from You

Let us know what you think of *Well* magazine! Send your comments or questions to Jennifer Breedlove at publications@unch.unc.edu.

On the Cover: Photo by Rachel Garrison for Tamara Lackey Photography.

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Information in *Well* comes from a wide range of medical experts and is not intended to treat or diagnose any individual situation. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

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UNC
HEALTH CARE



Flu Season Advice

Flu vaccine will soon be available at local pharmacies and doctors' offices, and government officials are urging everyone older than 6 months of age to receive it. This year's vaccine protects against H1N1 and two other strains of seasonal flu.

The recommendation represents a break from past years, when the government focused on vaccinating people in certain high-risk groups and those in contact with people at high risk.

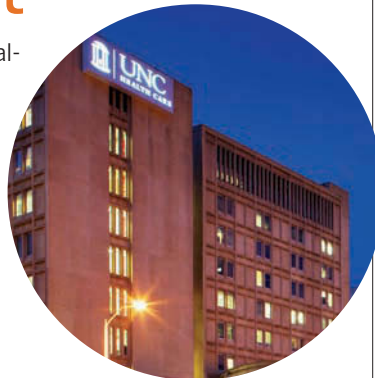
"The message is simple now," says David Weber, MD, MPH, professor of medicine, pediatrics and epidemiology at the University of North Carolina at Chapel Hill. "If you're more than 6 months of age, get the vaccine."

UNC Health Care Ranked Among the Best

UNC Hospitals has been ranked in four specialties in *U.S. News & World Report's* "2010-11 Best Hospitals."

"This is the 18th year in a row that multiple specialties at UNC Hospitals have been included in America's Best Hospitals," says William L. Roper, MD, dean of the UNC School of Medicine and chief executive officer of the UNC Health Care System. "Our inclusion in these rankings is a testament to the excellent quality and longstanding consistency of care offered at UNC Hospitals."

The N.C. Children's Hospital also ranked in two specialties for the 2010-11 Children's Hospitals category.



UNC Hospitals Specialties (U.S. News Ranking):

- Cancer (47)
- Ear, Nose and Throat (21)
- Gastroenterology (27)
- Gynecology (27)
- Pediatric Diabetes & Endocrinology (23)
- Pediatric Pulmonology (9)



Don't Miss the Winter Issue! Get It FREE

Sign up for a free subscription to *Well*! Go to www.unchealthcare.org and click "Well Magazine."



UNC Hospitals Names New Executive Vice President and COO

Brian P. Goldstein, MD, MBA, recently became UNC Hospitals' executive vice president and chief operating officer, following Todd Peterson's retirement after more than 20 years.

"It's an honor to follow Todd Peterson in this position—a little bit daunting, but definitely a privilege to be the first physician to lead hospital operations and a great chance to serve my fellow physician colleagues," Dr. Goldstein says.

Dr. Goldstein's success was well-established even before he arrived at UNC Hospitals in 2002. He was the founding medical director for a group practice of 60 physicians in Raleigh and served as chief medical officer for a 100,000-member HMO in Marshfield, Wis.

"Every person brings their own unique mix of experience and interest to a leadership role," Dr. Goldstein says. "What I'm going to try to bring to this role is my own personal experience of taking care of patients for more than 20 years combined with what I know about how a hospital should operate."

He has served as a member of UNC

Health Care's leadership team and as chair of the Medical Staff Executive Committee, Liability Insurance Trust Fund Council and Teaching Physicians Oversight Committee, giving him a unique and varied history from

which to draw. Dr. Goldstein believes the eight years he served as UNC Hospitals' chief of staff will be especially useful in his new position.

"The chief of staff is really a bridge between the hospital and physicians," he says. "The privilege of being chief of staff is that you are an advocate for the patient and the system as a whole. The future for integrated health care systems is for doctors and hospitals to work ever more closely together to improve care and efficiency, and to improve the patient's experience."



Radio STARS

Each November, the lobby at UNC Hospitals becomes a bustle of activity as talented performers, dedicated staff members and a host of volunteers gather for the Children's Promise radiothon/ telethon. The annual event—held this year on **Thursday, Nov. 18**—helps raise money for the N.C. Children's Hospital and has become the largest fundraising event at UNC Hospitals. Here are a few fun facts about the event, by the numbers ...

Tune In. Donate!

Make a difference. To make your contribution to support the efforts of N.C. Children's Hospital, visit www.ncchildrenspromise.org and click "Make a Gift."



14

"News 14," the news station that broadcasts the event

\$1 million

Amount of money raised each of the last two years by N.C. Children's Promise

1,091

Number of views UNC Health Care employee Tina Turner earned on YouTube to be selected for the finals of the Promise Idol competition

100

Number of counties served by N.C. Children's Hospital

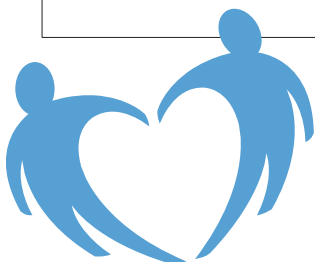
16

Number of radio stations that broadcast the event live



COUNTRY FOR KIDS

A charity concert will take place the evening of the N.C. Children's Promise, with the proceeds benefiting the N.C. Children's Hospital. It will feature live performances by Uncle Kracker, Rodney Atkins, Clay Walker and North Carolina's very own Jason Michael Carroll. Tickets to Country for Kids are \$25 and will be available for purchase through ticketmaster.com and dpacnc.com. For more information, call (919) 843-3948.



Our Commitment to Caring

For the last year, UNC Health Care has met and exceeded its patient satisfaction goals, which is a reflection of new protocols established by the Carolina Care and other patient initiatives.

"Through Carolina Care, we are increasingly successful in ensuring patient satisfaction with service and care," says Mary Tonges, RN, PhD, senior vice president and chief nursing officer at UNC Health Care. "We plan to sustain

Carolina Care and look for further opportunities for improvement."

Additionally, on the most recent Hospital

Patient surveys help UNC Health Care improve care.

Consumer Assessment of Healthcare Providers and Systems survey, UNC Health Care had the highest scores in all of the measures in the Triangle and higher than the averages for North Carolina and the nation.

"We are working very hard to understand our patients' expectations and how best to meet them," Dr. Tonges says.



PHOTO: BRIAN STRICKLAND

UNC Health Care employee Jennifer Whitehead (right) and her mom, Caroline Rigsbee

Running to Raise Money for Cancer Care

UNC Health Care participated in the annual Susan G. Komen Race for the Cure, which took place in Raleigh on June 12. With more than 600 people, UNC Health Care and Rex Healthcare were recognized with an award for the largest corporate team overall. The race included a record 25,000 survivors and supporters, who joined in the competitive 5K and series of fitness walks, hoping to raise more than \$2 million.

100 YEARS of Medical Advancement

UNC Health Care honors a century
of **sickle cell disease** awareness

IN NOVEMBER 1910, James B. Herrick, MD, first described sickle-shaped red blood cells in a report published by the *Archives of Internal Medicine*. This understanding of what is now known as sickle cell disease allowed for the tremendous advancements in diagnosis and treatment in the last 100 years.

The Comprehensive Sickle Cell Program at UNC Health Care honored the centennial anniversary of that discovery with an exhibit in the N.C. Children's Hospital lobby in October. "Sickle Cell Disease: 100 Years, 100 Faces" was designed to bring awareness to a disease that is not widely understood and for which there is still no cure. The exhibit displayed a number of large panels with photographs of patients and facts about the disease.

The Shape of a Sickle

Sickle cell disease is an inherited blood disorder characterized by defective hemoglobin, which is a protein in red blood cells that carries oxygen to the tissues of the body.

Normal red blood cells are round and flexible, so they can easily move through the vessels in the body. Sickle red blood cells are stiff and sticky and form into the shape of a sickle, or the letter "C," when they lose their oxygen. These cells tend to cluster together and cannot easily move through the blood vessels. The cluster causes a blockage and obstructs blood flow. These blockages, and the inflammation associated with them, are what cause the painful and damaging complications of sickle cell disease.

Sickle cells risk being destroyed by the spleen, which helps filter the blood; because of their shape and stiffness, sickle cells get stuck in this filter and are destroyed. The spleen also suffers damage, and, without a normally functioning spleen, these individuals are more at risk for infections.

A decreased number of red blood cells circulating in the body causes a person with sickle cell disease to be chronically anemic.

All of the major organs are affected by sickle cell disease: The liver, heart, kidneys, gallstone, eyes, bones and joints can suffer



African-Americans are among those who are most affected by sickle cell disease.

damage from the abnormal function of the sickle cells and their inability to flow through small blood vessels correctly.

Early diagnosis is essential in providing proper preventive treatment for some of the devastating complications of the disease.

Effects of the Disease

Sickle cell disease is caused by a genetic mutation and affects those of African and Caribbean descent, as well as those with Middle Eastern, Indian and Mediterranean heritage.

The UNC Comprehensive Sickle Cell Program focuses on providing complete medical and psychosocial care. Education about the disease is provided, along with support and advocacy. Because so many organs can be affected, medical staff members work closely with other hospital departments. They also provide 24-hour consultations by phone and support services to help patients and families cope with this chronic illness.

Rupa Redding-Lallinger, MD, who has worked with the Sickle Cell Program for many years, says, "It is a privilege to be involved in the care of individuals and families living with

sickle cell disease, and immensely rewarding to see the progress that has been made in recent years. But a great deal of work remains to be done—in research for a better understanding of the disease, and in education so that the discoveries are put into practice." ■

Want to Know More?

For more information about
the UNC Comprehensive
Sickle Cell Program,
call (800) 476-6876.



Managing Diabe

Patients are empowered to control their care, with support from physicians

NORTH CAROLINA RANKS 17th highest in the nation in diabetes prevalence, with the disease affecting nearly one in 10 adults in the state, according to the Centers for Disease Control and Prevention. Although the rate of diabetes is on the rise, the good news is that treatment of the disease has improved dramatically in the last 15 years.

“The management of diabetes requires a lifetime dedication,” says John Buse, MD, PhD, professor and chief of the division of endocrinology and metabolism in the University of North Carolina at Chapel Hill School of Medicine.

Unlike other illnesses, diabetes is not a disease that once you get a diagnosis from your doctor, you have some form of treatment or medication and then you are cured.

“Diabetes can be managed, but it very rarely goes away,” says Dr. Buse, who has been with the UNC Diabetes Center for 16 years and is a former president of the American Diabetes Association. “The ‘magic’ in diabetes care is working with patients to manage the disease for the rest of their lives in order to minimize the complications.”

The primary role of the physician is to set the big picture for the patient and to screen for complications, Dr. Buse says. “The truth of the matter is that it’s the patient’s diabetes,” he says. “We simply provide care in a nonjudgmental environment.”

Some patients have people around them who harass them about being overweight or not eating the way they should, which is not beneficial to the patient, Dr. Buse explains. “We try to explore what the barriers are to their not doing as well as we would like.

“We believe the patient drives the care,” he continues. “Family is important, as are employers and others, but the key is that everyone needs to work with the patient to minimize risk for complications.” ■



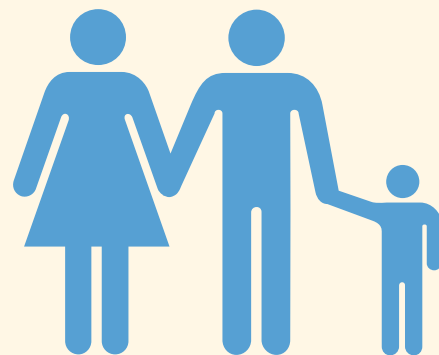
Take Control of Your Diabetes—Starting Today

For more information about the UNC Diabetes Center, visit **medicine.med.unc.edu/centers/diabetes-care**.



Do You Know Your Risk?

Type 1 and type 2 diabetes both affect the body’s ability to use blood sugar to produce energy, and research suggests that there is a genetic element to developing both types of the disease. Type 1, in which the body does not produce insulin, typically is diagnosed in children and young adults and often appears suddenly. Type 2 is far more common and tends to affect people later in life. In type 2, either the body does not produce enough insulin or the cells ignore the insulin. Along with genetics, there are other risk factors to be aware of for type 2 diabetes.



FAMILY HISTORY.

Having a parent or sibling with heart disease or diabetes

tes for a Lifetime



EXERCISE.

Being sedentary, which can negatively affect glucose, blood pressure, cholesterol and triglyceride levels

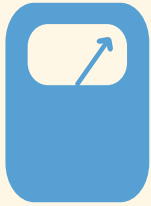
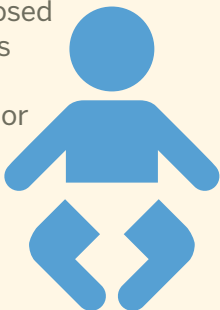


RACE AND ETHNICITY.

Being African-American, Hispanic or Native American

HISTORY OF GESTATIONAL DIABETES.

Being diagnosed with diabetes during pregnancy—or giving birth to a baby weighing more than 9 pounds

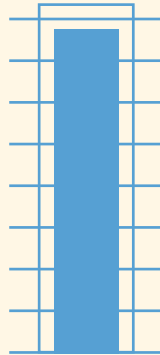


WEIGHT.

Being more than 20 percent over ideal body weight or having a body mass index (BMI) of 27 or higher

CHOLESTEROL AND TRIGLYCERIDE LEVELS.

Having a low-level HDL (the “good cholesterol”) and a high triglyceride level (a type of fat found in your bloodstream and fat tissue)



AGE.

Being older than 45



Nationally Ranked Care for Pediatric Diabetes

Recently, the 2010-11 Best Hospitals rankings were announced by *U.S. News & World Report*, and for the first time, the N.C. Children's Hospital ranked in the specialty of pediatric diabetes and endocrinology.

“We provide very comprehensive and multidisciplinary care that puts us in a unique position in North Carolina,” says Ali Calikoglu, MD, associate professor of pediatrics and chief of the division of pediatric endocrinology.

Of the estimated 6,500 to 7,000 children with type 1 diabetes in North Carolina, about one-third do not have access to a comprehensive, specialized program such as the one available at N.C. Children's Hospital. “Our goal has been to extend our services to those children who are underprivileged and who do not have access to this type of service,” Dr. Calikoglu says.

North Carolina has seen an increase in the number of patients diagnosed with type 2 diabetes, similar to the



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trend observed across the country.

Both types of diabetes are chronic condi-

tions that require support for the best success in managing the disease.

Dr. Calikoglu stresses the need for the support of the community to the patients and their families. The community, including the schools, should make the resources available to support these children, he says, because after the diagnosis diabetes is 10 percent a medical problem and 90 percent a social problem.

“My recommendation for those patients,” he says, “is to contact a comprehensive diabetes center where adequate diabetes education can be provided and an individualized management plan be developed.”

Discover More Diabetes Basics Online

To watch videos about diabetes, including overviews of type 1 and type 2, visit the health library at www.unchealthcare.org. Click “Health Information” and then “Multimedia.”

Fixing His Failing HEART

Thanks to a mechanical device that replaced the function of his heart, [Brian Ainsley](#) now has a new zest for life—and energy to spare

PHOTO: RACHEL GARRISON FOR TAMARA LACKEY PHOTOGRAPHY

B

RIAN AINSLEY HAS EVERY REASON TO BE DEPRESSED. Three heart attacks and two surgeries can do that to a person. If you add up the time he has spent in the hospital, he could have easily cruised the entire country on his beloved Harley-Davidson motorcycle.

So why is Ainsley, 51, smiling? Why is the father of six attacking life with the energy of a man two decades his junior? The answers rest on his one-of-a-kind attitude, a tremendous support system, innovative medical technology in the form of a ventricular assist device (VAD), and the world-class care he received from the UNC Center for Heart and Vascular Care.

Testing His Optimism

After his stent failed for the second time and he suffered his third heart attack in late 2008, Ainsley was hospitalized at Wake Forest University Baptist Medical Center. Five days later, he woke up at UNC Health Care in Chapel Hill, where he was transferred when his condition worsened. “I didn’t realize I was out that many days,” he says. “They told me I was the sickest person in the hospital.”

And so began the real start of his medical adventure. UNC Health Care doctors determined he would be an excellent candidate for a VAD. Soon



Keeping Pace

For a year, Brian Ainsley wore a device that replaced his heart's function until he could have transplant surgery.

after, he was introduced to a piece of medical equipment that would change his life. His first impression of a VAD, however, was not positive.

"It looked like a Chevrolet fuel pump," he says.

A deeply skeptical Ainsley agreed to have a left ventricular assist device inserted as his condition worsened. Even Ainsley, with an optimistic nature on a par with a motivational speaker, was not sure how the surgery would go.

"I told my wife, Julie, that I didn't think I would make it," he says. "The oxygen mask felt like a pillow on my face."

Less than 48 hours later, following successful surgery, he could walk with assistance.

"I didn't feel like I was drowning anymore," he says. "I couldn't believe the difference it made."

A Lifesaving Option

A VAD is a mechanical circulatory device used to completely replace the function of a failing heart. Some VADs are designed for short use, while others are intended to be used for months and even years. VADs used to be large and

clunky. Now, they fit in the palm of a hand. Under the direction of Cam Patterson, MD, chief of the cardiology division, and his colleague, Brett Sheridan, MD, UNC Health Care is a leader in this fast-growing, rapidly changing and increasingly important field. Dr. Sheridan now conducts between 20 and 30 VAD surgeries a year, five times as many as he did just a few years ago.

"The latest generation of VADs came when patients felt that the therapy was better than the alternative," Dr. Sheridan says. "Up until this point, the devices seemed too Frankenstein for widespread acceptance."

The average hospital stay for a VAD patient is about 21 days;

What Patients Are Saying

For more information about heart care and to hear other patient stories, visit www.uncheartandvascular.org.



Ainsley was home in 12. Once he got out of intensive care and could move freely, he started to recover rapidly.

"He instinctively trusted that he was in good care," says Amanda Bowen, the VAD coordinator at UNC Hospitals. "He's a tough guy, a smart guy, a guy who wants to live. His attitude was always positive. He never once complained."

Second Nature

One month after Ainsley returned to the comforts of home, he was back working out in the gym. Another month later, he could bench press 175 pounds and jog/walk 3½ miles a day. He could hit the ground and bang out 50 push-ups. He resembled a Marine more than a man recovering from multiple surgeries.

Ainsley, who owns a windows and siding business, thought nothing of doing carpentry work 20 to 30 feet in the air, carrying his tool bag on one side of his waist and the VAD equipment on the other.

"The VAD was the wildest thing I had ever seen," he says. "It was like nothing ever happened to me. It was like I never had a heart attack."

When he wasn't working or working out, he spent time with his wife, children and grandchildren. He took a nine-day motorcycle trip with Julie. Before going to bed, he would plug in the two rechargeable batteries, and he would begin the next day rested and raring to go.

Although the VAD replaces the function of the heart, the pump doesn't beat like the heart, so patients don't have a pulse. The device just provides continuous blood flow.

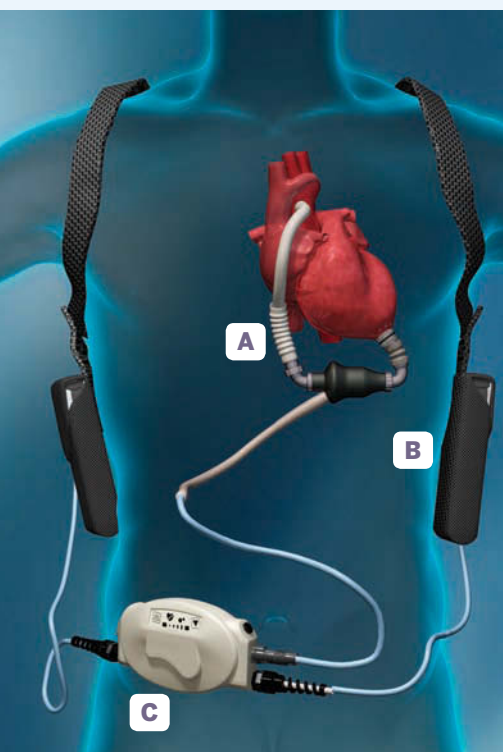
"After a while, it felt like second nature," he says.

All of his regular checkups at the hospital went well.

"Brian has a big personality and lives life to the fullest," says Patricia Chang, MD, director of UNC's Heart Failure and Transplant Program. "He has no intention of slowing down."

Ainsley never thought too much about the fact that VAD

VADs: A new era for cardiac care



REPRINTED WITH PERMISSION FROM THORATECH CORP.

Much like the first generation of computers, the early ventricular assist devices (VADs) were anything but sleek.

"They required an external drive that approached the size of a refrigerator," says Brett Sheridan, MD, director of adult cardiac surgery at the University of North Carolina at Chapel Hill School of Medicine.

Now, a VAD can easily fit into a hand.

"The size, reliability and functionality have all improved to a tipping point where referring physicians and patients accepted the device as a reasonable therapy," Dr. Sheridan says.

VADs were thrown into the national spotlight in July 2010 when former Vice President Dick Cheney announced that he had successful surgery to have a VAD implanted. In a statement, Cheney said: "I decided to take advantage of one of the new technologies available."

UNC Health Care has become a leader in this increasingly common and effective way to treat heart failure. Last year alone, Dr. Sheridan conducted about 20 to 30 VAD surgeries, up from five in 2008. And he believes this is only the beginning. Down the road, VADs could even replace heart transplantation.

"The popularity of VADs will explode," Dr. Sheridan says. "The next generation of these devices will lead to continued explosive growth."

The VAD, a mechanical circulatory device used to replace the function of a

failing heart, is implanted through an incision in the middle of the chest. If a patient has had previous heart surgery, the VAD can sometimes be placed through an incision on the left side of the chest, between the ribs. All adults are eligible for VADs, provided they have acceptable lung, liver and kidney function. Ongoing research is being conducted to work out a suitable VAD for children.

Some VADs are designed for short use, while the patient waits for a heart transplant; others can be used for months or even years.

The insertion of the VAD is only the first step. Before leaving the hospital, the patient and a primary caregiver must prove that they can work all of the equipment. Patients no longer have a pulse and must be comfortable with the technology and equipment.

"VAD patients require care unlike any other type of patient," says Amanda Bowen, the VAD coordinator at UNC Hospitals. "They have lifesaving equipment attached to themselves at all times."

Bowen carries a pager around with her 24 hours a day, seven days a week. Once a patient is discharged, local EMT teams are alerted that someone in their area has a VAD.

Patient Brian Ainsley says the VAD gave him a new lease on life.

"I couldn't believe the difference this device made," he says.

patients do not have a pulse and can't take their own blood pressure.

"I just focused on how good I felt," he says.

He handled everything with the good humor and life-affirming outlook that was his hallmark.

"One time I went into a sales meeting with a couple of suppliers and they joked that I was wired for a bomb," Ainsley says. "I stole the show more than once."

Transplant Needed

Ainsley could not have been better until one night, while stretching to reach a jar of peanut butter, he accidentally pulled his drive line, which is literally the power cord to the device, and the bag holding the batteries fell to the floor. The drive line tugged at where the cord exited his abdomen, which caused trauma to his body. He instantly started to feel weak and soon suffered an infection. He was immediately put on the waiting list for a heart transplant.

Although the last thing Ainsley wanted was another surgery, he had complete trust in his team of doctors at UNC Health Care. His surgeon, Michael Bowdish, MD, had a particularly close relationship with Ainsley, as did the rest of the UNC Health Care medical team.

"He was the most motivated patient I've ever operated on," Dr. Bowdish says.

Ainsley was touched by the extra layer of care that he received at UNC Health Care.

"Doctors don't normally get this involved with their patients," Ainsley says. "I get emotional when I think about it. It blew my mind at how incredible the entire staff was."

In turn, Julie has a theory why her husband made such an impression on the UNC Health Care team.

"He's a unique character," she says. "They fell in love with him in a second."

After a little more than a year with the VAD, on Jan. 12, Ainsley had heart transplant surgery.

Then, when doctors discovered the heart wasn't beating properly, they determined another surgery was required.

"Several times they told me I would lose him," Julie says. "It's been a miracle."

Life After Surgery

Soon after returning home almost a month later, Ainsley was back working long days under the hot North Carolina sun.

Ainsley has participated in outreach with UNC Health Care doctors throughout the state. Their goal is to educate and encourage cardiologists to consider using a VAD earlier in the treatment process.

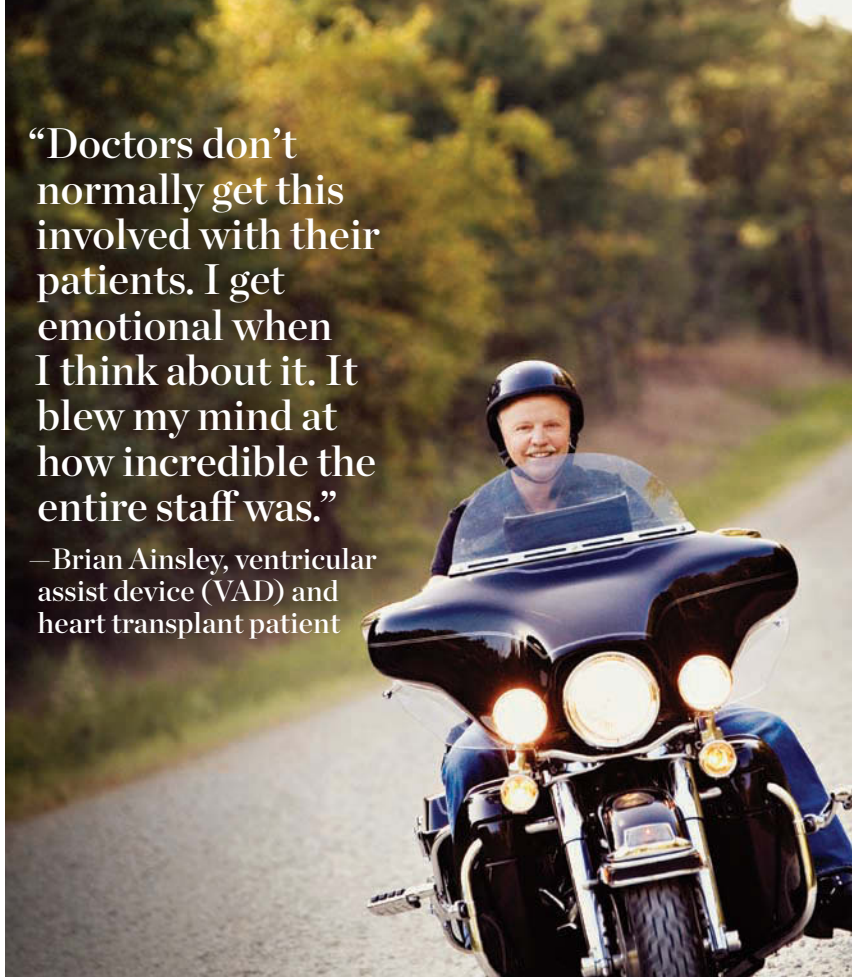
With his medical troubles firmly behind him, Ainsley is focused on the good stuff: his family, his business, fishing and, of course, his motorcycle. Not a day goes by, however, that he does not have a special place in his special heart for the team of medical professionals at UNC Health Care.

"Other hospitals could learn some bedside manners from UNC Health Care," he says. ■

"Doctors don't normally get this involved with their patients. I get emotional when I think about it. It blew my mind at how incredible the entire staff was."

—Brian Ainsley, ventricular assist device (VAD) and heart transplant patient

PHOTO: RACHEL GARRISON FOR TAMARA LACKEY PHOTOGRAPHY



SUPPORT SYSTEM

During the almost four weeks Brian Ainsley was in the hospital, his wife, Julie, made the 90-minute commute to UNC Health Care after an eight-hour workday to spend time with her husband.

"I needed to work to keep the insurance, but work proved to be a nice break from my constant worry for Brian," she says. But she knew he was in good hands.

"I've never been at a hospital where they treat you like you really matter," Ainsley adds. "There wasn't one person that didn't stand out in that hospital."

Julie provided regular Facebook updates to their large family and circle of friends. She remained steadfastly optimistic about a full recovery.

"Brian's love of life kept him alive," she says. "He's spontaneous and loves adventure. There was no way he was going to stop living his life."

Thanks in no small part to Julie's love and support.

The Not-So-Humble Sweet Potato



Yam or Sweet Potato?

Yams and sweet potatoes are not related botanically, although they look similar. Yams are closely related to lilies and grasses, while sweet potatoes are members of the morning glory family. From a cooking standpoint, yams are starchier and drier than sweet potatoes.

Did you know that sweet potatoes offer as much potassium as bananas and are rich in fiber, too? Don't let the "sweet" in sweet potato fool you. These starchy vegetables are chock-full of nutrients that can help turn any dish into a nutritious meal.

One of the oldest cultivated vegetables, sweet potatoes are known for their rich, sticky presence during traditional Thanksgiving gatherings. Grandma always made them loaded with brown sugar, marshmallows and butter, but today's sweet potato has claimed its spot in haute cuisine. Instead of sweet potato casserole, you're likely to see menu items such as roasted sweet potato wedges with saffron aioli, sweet potato quesadillas with salsa verde crema, and smoked shrimp cakes with a warm fire-roasted rémoulade and sweet potato nests. They can even be found in pancakes, risotto and crème brûlée.

Sweet potatoes are an excellent source of vitamins A and C and beta carotene, and they provide some of the recommended daily allowance of iron, potassium, fiber and several other nutrients. And because North Carolina is one of the nation's largest producers of this powerhouse potato, and fall and winter are the peak growing seasons, there is no reason not to add them to your family's diet.

The Sweet Potato and Peanut Soup recipe to the right is from UNC Health Care Executive Chef Shawn Dolan. The hearty, delicious soup is a healthy way to ward off those chilly fall and winter days. Give the recipe a try at home to taste the more sophisticated side of the sweet potato.

Sweet Potato and Peanut Soup

Loaded with vegetables, this soup hits the spot on a cold night. The small amount of peanut butter adds a subtle nutty accent to the flavor of the sweet potatoes. These familiar flavors combine to make something new, unusual and delicious.

Ingredients

1 Tbsp. canola oil
1 small onion, chopped
2 carrots, chopped
2 cloves garlic, minced
¼ c. white wine
2 large sweet potatoes, peeled and cubed
4 c. chicken stock
1 Tbsp. peanut butter
1 tsp. cinnamon
Half-and-half to taste
Crushed peanuts to garnish

Directions

1. Heat the oil in a large pot. When it is shiny and almost smoking, add the onion, carrots and garlic and sauté until the onion is translucent and the carrot is soft, about 4 minutes. Season with salt and pepper. Add the white wine and cook until the wine reduces slightly.



PHOTO: LIZA PERRY

2. Add the sweet potatoes and chicken stock and simmer about 30 minutes or until the vegetables are soft and cooked through. Add the peanut butter and cinnamon and transfer to the blender, working in batches, and blend until smooth.

3. Return the blended soup to the pot and add half-and-half a little at a time until the soup looks creamy and rich. Season with salt and pepper to taste and garnish with crushed peanuts.

Nutritional Information (per serving)

Serving size: 12 ounces. 160 calories, 5 g total fat, 1 g saturated fat, 23 g carbohydrates.



Try It! Then Tell Us

Visit our Facebook page and tell us about your experience making this recipe at home:
www.facebook.com/unchealthcare.

Cancer and Nutrition

Conflicting advice from friends, family, acquaintances and Internet sites about nutrition during cancer treatment can provoke a great deal of anxiety at an already stressful time. That's why the N.C. Cancer Hospital's oncology nutritionist, Aimee Shea, discusses some of the common questions patients have about cancer and nutrition.

Q: I have heard that sugar feeds cancer. If I have a cancer diagnosis, should I cut all sugars out of my diet?

A: There's a lot of confusion out there about the connection between sugar and cancer. The idea that sugar feeds cancer is really not useful because sugar feeds *all* of our cells. Our bodies need glucose, or sugar, for energy. Even if you cut every bit of sugar out of your diet, your body will make sugar from other sources, like protein.

The real problem with a lot of simple sugar is that it causes the body to produce insulin, which can tell cells to grow. For healthy cells, this is a good thing. For cancer cells, this is not a good thing. In general, keeping insulin in balance is very important for your health.

If you have a cancer diagnosis, the recommendations are to follow a plant-based diet.

Q: I have heard that having an "acid environment" in the body can encourage cancer cells to grow and that I should avoid acidic foods. Is this true?

A: This is a common idea that comes from a misunderstanding about the connection between cancer and acid in the body. It's true that cancer cells can create acid—but extra acid in the body does not cause cancer.

Your body is a finely tuned machine that really doesn't allow big swings in its acid-base balance. The good news is that the same foods that fight cancer in other ways also help make the body less

acidic. These include plant-based foods such as vegetables, fruits and legumes. You don't have to be a vegetarian, but everyone can benefit from eating more plants. A general rule is to try to have two-thirds or more of your plate covered by plant foods (vegetables, fruit, whole grains and beans) and one-third or less covered by animal foods (meat, chicken, fish, dairy, eggs).

Q: Are soy foods dangerous for women with breast cancer?

A: This is a great question that creates a lot of anxiety for individuals who have been diagnosed with breast or other hormone-related cancers. It is also one of the misunderstood concepts relating to healthy nutrition for women with a history of breast cancer.

Research studies do not support the idea that soy foods produce estrogen and therefore should be avoided. This idea comes from the fact that these foods do contain a group of nutrients known as phytoestrogens (plant estrogens). While these nutrients look chemically similar to human estrogen, they



PHOTO: TAMARA LACKEY STUDIOS

As the N.C. Cancer Hospital's out-patient dietitian, **Aimee Shea, MPH, RD, CSO, LDN**, helps patients figure out which foods can ease side effects of cancer and which foods can help recovery. And she can help patients make dietary and lifestyle changes that will aid long-term recovery and promote overall wellness.

are not the same as naturally occurring human estrogens.

Researchers have noted that women who consume soy food as part of a normal diet, such as Japanese women living in Japan, have much lower breast cancer rates than women who do not eat soy foods regularly. However, remember that there are many other lifestyle factors that may also contribute to breast cancer rates among Japanese women!

The consensus in the oncology nutrition world is that two to three servings of whole soy foods per day are fine.

The entire interview can be read at cancer.unc.edu/ccsp/nutrition/faq.asp. Aimee Shea's responses have been edited here to fit the space available.

Nutritional Support for You

Visit www.unclineberger.org/ccsp/nutrition for helpful links, downloadable tips and to learn more about UNC Health Care's outpatient oncology nutrition programs.



CALENDAR

Health events, classes
and support groups
from UNC Health Care

Community Classes

Advanced registration is required for all of the following classes. You may register or view schedules online at www.nchealthywoman.org (click "Childbirth Classes/Tours") or call (919) 843-8463.

Prepared Childbirth

Classes focus on the normal birth process, with emphasis on how mother and partner can work together to have a healthy, positive experience. Call to register at 14 and 24 weeks pregnant. **\$85 per couple**

Sign Language for Budding Babies

This two-hour class introduces parents and parents-to-be to the benefits of using American Sign Language with preverbal infants. **\$10 per couple**

NEW! Spanish Classes and Tours

Prepared Childbirth, Breastfeeding, CPR and Maternity Tours are offered in Spanish. Registration for Spanish classes and tours can be made online in English at www.nchealthywoman.org or in Spanish by calling (919) 843-1759.

Photographing Your Baby

This two-hour seminar prepares parents and parents-to-be for capturing vibrant photos of the new baby. **\$10 per couple**

Prenatal Yoga

The mindful practice of gentle yoga postures can help increase comfort for expectant moms. Mondays for five weeks. **\$50**

Breastfeeding

This 2½-hour class acquaints couples with the basics of breastfeeding. **\$25 per couple**

CPR for Family and Friends

This class teaches CPR techniques for infants, children and adults and provides information on injury prevention. **\$40 per couple**

4th Trimester: Life with a Newborn

This three-hour class helps prepare you for life with a newborn. One Saturday per month. **\$25 per couple**

Boot Camp for New Dads

First-time expectant fathers meet with "veteran" dads who bring their babies to class. One Saturday per month. **\$25 per dad**

Choosing and Using Child Care

Parents learn strategies for finding quality child care for infants, toddlers and school-age children. **FREE**

Baby in the Dog's House

This seminar teaches parents-to-be how to successfully prepare the family dog for the arrival of a new baby. **\$10 per couple**



Maternity Center Tours

Tours of the N.C. Women's Hospital Labor and Delivery and the Maternity Care Center are designed to answer your questions about the hospital and what to expect when you arrive to have your baby. **FREE**

Sibling Tours

Classes are geared toward children 3–8 years old so they can see where mommy is going to have the new baby. One Saturday per month. **FREE**

Wellness Center Classes

To register for Wellness Center classes, stop by the registration desk at the Wellness Center or call (919) 966-5500.

Shifting Consciousness Through Energy Leadership

We will discuss the effect that the seven levels of energy and consciousness have on our lives and how we can shift them to improve our attitude and health. By Kathleen O'Grady, Raleigh Coaching. **Monday, Nov. 1, 6:30–8 p.m. FREE for members and nonmembers**

Nutrition and Diabetes

This presentation will answer your nutrition questions about how to eat properly with diabetes. By Camille Izlar, RD, certified diabetes educator, UNC Highgate Diabetes Clinic. **Tuesday, Nov. 2, 6:30–8 p.m. FREE for members and nonmembers**

Strong Bones

April Beaty, certified personal trainer, will provide education about osteoporosis and its process and lead workouts to build strong bones. **Thursdays, Nov. 4–Dec. 16, 5:30–6:30 p.m. \$120 for members, \$145 for nonmembers**

Kids' Gymnastics

This six-week class will take kids ages 4–8 through an interactive warm-up, followed by basic tumbling skills and stretching. By April Beaty, certified personal trainer. **Wednesdays, Nov. 3–Dec. 15, 4–5 p.m. \$120 for members, \$145 for nonmembers**

Navigating the Gluten-Free Diet with Confidence

This presentation will help you to learn about the reasons for choosing a gluten-free diet, how foods are labeled gluten-free,

Buy Your 2011 Calendar Today!

Elaine O'Neil, a local textile collage artist, has collaborated with the N.C. Cancer Hospital to create a year of original art—12 scenes that highlight the beauty and character of North Carolina.

Proceeds from the sale of the display-quality art calendars will benefit the N.C. Cancer Hospital.

For more information or to purchase a calendar, visit www.unclineberger.org.



and how to choose the appropriate foods within the gluten-free diet. By Debbie Jongkind, registered, licensed dietitian/nutritionist. **Monday, Nov. 8, 6:30–8 p.m. FREE for members and nonmembers**

Delaying Childbearing

This presentation will focus on the options available for women who are starting families a bit later in life. By Nancy Chescheir, MD. **Tuesday, Nov. 9, 6:30–8 p.m. FREE for members and nonmembers**

Mental Visualization for Peak Performance

You will experience visualizations and learn how to specifically target them to your success. By Helen Spielman, performance anxiety coach. **Monday, Nov. 15, 6:30–8 p.m. FREE for members and nonmembers**

Perimenopausal and Menopausal Health and Hormonal Changes

Participants will hear about the options that are available for women who are experiencing the physical changes of menopause. By Regina McCarthy, MS, CNM, CPNP. **Wednesday, Nov. 17, 6:30–8 p.m. FREE for members and nonmembers**

Around the World Chef Series: Mediterranean

Join us for a healthy, ethnic cooking demonstration featuring Felix Roux, owner of Provence Restaurant in Carrboro. Learn all the quick,

easy and healthy ways to prepare salmon. **Thursday, Dec. 2, 6–8 p.m. \$10 for members, \$15 for nonmembers**

Healthy Holiday Snacks for Kids

This interactive cooking demonstration will teach you how to make healthy, creative holiday snacks that you and your kids will love. **Monday, Dec. 6, 6–7 p.m. FREE for members and nonmembers**



Teen Health: What You Need to Know About the First Gynecological Visit

Cristina Munoz, MD, talks about how to prepare your daughter for that very important first gynecological visit. **Wednesday, Dec. 15, 6:30–8 p.m. FREE for members and nonmembers**

Blood Drive

The American Red Cross is in need of blood. Please donate

and save a life! To register, visit the UNC Wellness Center front desk or visit www.unc.givesblood.org. **Thursday, Dec. 16, 2–6:30 p.m.**

Comprehensive Cancer Support Program

All of these integrative medicine services and classes are held at Carolina Pointe II, 6013 Farrington Road, Chapel Hill. For more information or to register for any classes or workshops, please call (919) 966-3494.

Yoga for Everyone

Each class will include a full yoga practice as well as delve deeper into one of yoga's tools. All levels are welcome. **Mondays, 11 a.m.–12:30 p.m.**

Meditative Yoga

This class is recommended for all people looking for a soothing, relaxing and restorative experience. **Thursdays, 11 a.m.–12:30 p.m.**

FREE! Lymphedema Precautions and Prevention Class

This is designed for patients at risk for lymphedema following cancer surgery involving lymph node dissection. **Monthly on the first Wednesday, 1–2 p.m.**

Rediscovering Wholeness Series

If you are living with or have survived cancer, heart disease or chronic pain, or have other ongoing health challenges, this three-part series is designed to help you attain or regain a sense of balance and wholeness.

Part III—Cultivating Inner Peace

This class can serve as a follow-up to Mindfulness-Based Stress Reduction or it can be taken by itself. **Tuesday, Nov. 16–Tuesday, Dec. 7, 1–3 p.m.**

FREE! Comprehensive Cancer Support Program Wellness Series

- Exercise Guidelines for Persons Living with and Surviving Cancer. Claudio Battaglini, PhD.
 - Choosing the Right Exercise Shoes. Brian White, owner, Fleet Feet Carrboro.
- Thursday, Nov. 11, 7–8:30 p.m.**

Drum Circle featuring Eugene Taylor

Drumming can be a vehicle for expressing joy, frustration or peace, and connects people with a sense of community. Beginning drummers are welcome. Space is limited. **Thursday, Dec. 9, 7–8:30 p.m.**

Support Groups

More than a dozen support groups assist patients and family members dealing with a variety of diseases and disorders. For information on where and when the groups meet, call the contact person listed below.

Caregivers of Cancer Patients

Liz Sherwood
(919) 966-3494

Getting Your Bearings

Cornucopia Cancer Support Center
(919) 401-9333

Sanford Center (cancer)

Enrichment Center, Sanford
(919) 776-0501

Grief Recovery Group

UNC Hospitals Bereavement Support Services
Heidi Gessner
(919) 966-0716

Sarcoidosis

(919) 966-2531

Grief

UNC Hospice Office, Pittsboro
Ann Ritter
(919) 542-5545

Infertility—RESOLVE Support Group

Terry Pell
(919) 631-3697

Smoking Cessation

(919) 966-2531

UNC Neurology Sleep Support Group

Jeanette Wedsworth
(919) 966-5500

Look Good, Feel Better (cancer)

Pam Baker
(919) 966-4672

Stroke

Stephanie McAdams
(919) 966-9493

A message to all those who helped us become one of America's top ten Children's Hospitals.



Once again, U.S. News & World Report has ranked **North Carolina Children's Hospital** among the nation's top 10 Pulmonology centers for children with respiratory problems. We were also recognized in Diabetes and Endocrinology, ranking 23rd in the nation.

To all of our physicians, researchers, nurses and staff members—we applaud you. Because of your courageous effort and selfless dedication, this hospital can be called one of the nation's finest.

Families across North Carolina can rest easy knowing their children have access to world-class care at one of the best children's hospitals in the entire country—here in Chapel Hill and at more than 25 satellite clinics throughout the state, including our N.C. Children's Specialty Clinic on the campus of Rex Hospital in Raleigh.

What drives us? Our mission is simple. Make the world a healthier and happier place for kids.



UNC
HEALTH CARE

ncchildrenshospital.org